

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY</b>	<b>NOTICE OF FILING OF TRANSCRIPT AND AFFIDAVIT OF MAILING</b>	<b>CASE NO. and JUDGE</b>
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**Court address** \_\_\_\_\_ **Court telephone no.** \_\_\_\_\_

Plaintiff's/Petitioner's name(s) and address(es) <span style="float: right;"><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</span>  	<b>v</b>	Defendant's/Respondent's name(s) and address(es) <span style="float: right;"><input type="checkbox"/> Appellant <input type="checkbox"/> Appellee</span>  
Plaintiff's attorney, bar no., address, and telephone no.  		Defendant's attorney, bar no., address, and telephone no.  

In the matter of \_\_\_\_\_

Instruction: Do not duplicate below the attorney names and addresses provided above. Use only when there are more than two attorneys.

┌ Attorney name and address

┐

Representing: \_\_\_\_\_

L

└

┌ Attorney name and address

┐

Representing: \_\_\_\_\_

L

└

**NOTE:** A separate notice of filing must be completed by each court reporter or recorder who is filing in this case.

1. On \_\_\_\_\_, I filed in the trial court  
Date

☐ a. a portion of the transcript of the total proceedings taken in this case before Hon. \_\_\_\_\_

on \_\_\_\_\_  
Date(s)

☐ b. a complete transcript of the proceedings taken in this case.

2. I have notified all parties stated above that the transcript has been filed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certification designation and number

\_\_\_\_\_  
Reporter/Recorder signature

\_\_\_\_\_  
Business address

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

**(See next page for an affidavit of mailing.)**

(To be printed on the back of the original copy only - for filing in the appellate court, or in the trial court if no appeal.)

**AFFIDAVIT OF MAILING**

I certify that on this date I served a copy of this notice of filing of transcript upon the following parties, in the manner indicated, and if by mail, addressed to their last-known addresses.

\_\_\_\_\_  
Name (type or print)

☐ personal service.  
☐ registered mail (receipts attached).  
☐ certified mail (receipts attached).  
☐ first-class mail.

\_\_\_\_\_  
Name (type or print)

☐ personal service.  
☐ registered mail (receipts attached).  
☐ certified mail (receipts attached).  
☐ first-class mail.

\_\_\_\_\_  
Name (type or print)

☐ personal service.  
☐ registered mail (receipts attached).  
☐ certified mail (receipts attached).  
☐ first-class mail.

\_\_\_\_\_  
Name (type or print)

☐ personal service.  
☐ registered mail (receipts attached).  
☐ certified mail (receipts attached).  
☐ first-class mail.

\_\_\_\_\_  
Name (type or print)

☐ personal service.  
☐ registered mail (receipts attached).  
☐ certified mail (receipts attached).  
☐ first-class mail.

\_\_\_\_\_  
Name (type or print)

☐ personal service.  
☐ registered mail (receipts attached).  
☐ certified mail (receipts attached).  
☐ first-class mail.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reporter/Recorder signature

\_\_\_\_\_  
Name (type or print)

Subscribed and sworn to before me on \_\_\_\_\_ .  
Date

\_\_\_\_\_  
Deputy clerk/Notary public signature

My commission expires on \_\_\_\_\_ .

\_\_\_\_\_  
Name (type or print)

Notary public, State of Michigan, County of \_\_\_\_\_ . ☐ Acting in the County of \_\_\_\_\_ .

☐ This notarial act was performed using an electronic notarization system or a remote electronic notarization platform.